



KENTUCKY BOARD OF VETERINARY EXAMINERS

Post Office Box 1360
Frankfort, Kentucky 40602
Telephone (502) 564-3296

VERIFICATION OF STATE LICENSURE

APPLICANT: Complete the top section and forward to state(s) in which you hold or have held a license. You may make as many copies as you need.

NAME: _____ ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ LICENSE NUMBER _____

SIGNATURE: _____

TO BE COMPLETED BY STATE LICENSURE AGENCY:

1. License Number _____ Date of Issuance _____

Date of Expiration _____

2. Was your state the state of the applicant's original license? Yes _____ No _____
If no, what state was? _____

3. Is the applicant currently the subject of a pending investigation or complaint by a licensing or disciplinary authority in your state? Yes _____ No _____
Unable to divulge _____ If yes, attach explanation.

4. According to your records, has the applicant ever been disciplined by your Board or other State Agency? Yes _____ No _____ If yes, attach explanation.

AUTHORIZED SIGNATURE

STATE SEAL

Title

State Date

